

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED

APR -5 2012

ORS
T, T, W, W, W

(Please type or print)

Submitted by: DOUBLE M CHARTERS LLC

Address: 9176 LANDING DR S.W #2

CALABASH NC 28467

Telephone: 843-602-8347

Fax: 910-575-2401

Other: _____

Email: MARBIDOO@HOTMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

APR 11 2012

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

RECEIVED

Date: 04-02-2012

CLASS C - CHARTER BUS

APR - 5 2012

T.T.W.W/W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

DOUBLE M CHARTERS LLC

9176 LANDING DR SW#2 CALABASH N.C 28467

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843)602-8347

Phone

910)575-2401

Fax

MAR.BIDDLE@HOTMAIL.COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3. Select Entity Type: (Check one)
- ☒ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and addresses of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Double M Charters LLC

Name of Applicant

P.O. Box 7862 Ocean Isle Beach, NC 28469

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 6,345

Limits \$5,000,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Lancer Insurance Company

Name of Insurance Company

370 West Park Ave. Long Beach, NY 11561

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/3/12
Date

D. F. Wood

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)DOUBLE M CHARTERS LLC

Name of Applicant

2131561

U.S.D.O.T No.

742435

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes☐ No☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Marshall S. Biddle III
Applicant's Signature

PRESIDENT
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

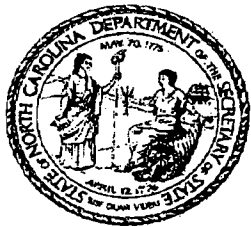
COUNTY OF Horry)

SWORN TO BEFORE ME
This 47 day of April, 2012

[Signature]
Notary Public

Commission Expires

MY COMMISSION EXPIRES 02-24-2016



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

DOUBLE M CHARTERS LLC

the original of which was filed in this office on the 1st day of April, 2011.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of April, 2011

Elaine F. Marshall

Secretary of State

DocumentId: C201108000720



State of North Carolina
Department of the Secretary of State

SOSID: 1196767
Date Filed: 4/1/2011 2:53:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C201108000720

Limited Liability Company
ARTICLES OF ORGANIZATION

Pursuant to §57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: Double M Charters LLC
2. If the limited liability company is to dissolve by a specific date, the latest date on which the limited liability company is to dissolve: *(If no date for dissolution is specified, there shall be no limit on the duration of the limited liability company.)* No date for dissolution is planned.
3. The name and address of each person executing these articles of organization is as follows:
(State whether each person is executing these articles of organization in the capacity of a member, organizer or both. Note: This document must be signed by all persons listed here).
Marshall Derr Biddle III, Organizer MSB
9176 Landing Drive SW #2
Calabash, NC 28467
4. The street address and county of the initial registered office of the limited liability company is:
Number and Street 9176 Landing Drive SW #2
City, State, Zip Code Calabash, NC 28467 County Brunswick
5. The mailing address, *if different from the street address*, of the initial registered office is:
Post Office 7862, Ocean Isle Beach, NC 28469
6. The name of the initial registered agent is: MSB Marshall - D. Biddle III
7. Principal office information: *(Select either a or b.)*
 - a. ☒ The limited liability company has a principal office.
The street address and county of the principal office of the limited liability company is:
Number and Street 9176 Landing Drive SW #2
City, State, Zip Code Calabash, NC 28467 County Brunswick
The mailing address, *if different from the street address*, of the principal office of the corporation is:
Post Office Box 7862, Ocean Isle Beach, NC 28469
 - b. ☐ The limited liability company does not have a principal office.

8. Check one of the following:

 (i) *Member-managed LLC*: all members by virtue of their status as members shall be managers of this limited liability company.

 ✓ (ii) *Manager-managed LLC*: except as provided by N.C.G.S. Section 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.

9. Any other provisions which the limited liability company elects to include are attached.

10. These articles will be effective upon filing, unless a date and/or time is specified:

----- This is the 16th day of March, 20 11.

Marshall Derr Biddle III
Signature
ORGANIZER
Marshall Derr Biddle III
Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION
(Revised January 2002)

P.O. Box 29622

RALEIGH, NC 27626-0622
(Form L-01)

Instructions for Filing